reproved for use through 1/31/7006, OMB 0661-0037

U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Peperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless & displayer's visid CME control number. PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 Effective December 8, 2004 APPLICATION AS FILED - PART I OTHER THAN (Column 1). · (Column 2) SMALL ENTITY OR SMALL ENTITY FOR NUMBER FILEO NUMBER EXTRA BASIC FEE RATE (\$1 FEE (1) BATE (\$) FEE (1) PI CFA 1 10101 101 a 1011 NVA N/A NA 150.00 N/A 300.00 SEARCH FEE NA 137 CFR 1 16(N. 14. or (m) NIA NA \$250 N/A \$600 EXAMINATION FEE NA (D) CFR-1 16(0). (p). or (q) N/A NA \$100 NA \$200 TOTAL CLAIMS . • 07.0FR (46(4) X\$ 25 minus 20 e X\$50 OR MDEPENDENT CLAIMS 01 OFR 1 16(N) X100 minus 3 = X200 If the specification and drawings exceed 100 **APPLICATION SIZE** sheels of paper, the application size fee due is \$250 (\$125 for small entity) for each **FEE COT CFR ( 16(4))** additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a). MULTIPLE DEPENDENT CLAIM PRESENT (DT CFR I 16()) +180± **4360**\*\* If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II (Column 1) (Column 2) . OTHER THAN (Column 1): OR SMALL ENTITY . CLAIMS SMALL ENTITY HIGHEST REMAINING Ø NUMBER PRESENT RATE (1) ADDI-AFTER (ATE IS) PREVIOUSLY EXTRA TIONAL AMENDMENT PAID FOR TIONAL FEE (\$) Total CHO 35 FEE (1) 54 Minus X\$ 25 X\$50. OR Minus X100 X200 OR Application Size Fee (37 CFR 1.16(5)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.160) 4180= +360 OR TOTAL ADD'L FEE ADD'L FEE (Column 2) (Column 3) CHAILE HIGHEST REMAINING PRESENT D NUMBER RATE (1) ADDI-AFTER RATE (1) PREVIOUSLY EXTRA TIONAL FEE (\$) AMENDMENT TIONAL PAID FOR Total Create FEE (\$) Minus X\$ 25 X\$50 OR endependent endependent Minus X100 X200 Application Stre Fee (37 CFR 1.16(s)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(1)) +180= +360z OR TOTAL TOTAL OR If the entry in column 1 is test than the entry in column 2, write "V in column 3.

If the Highest Number Previously Paid For' IN THIS SPACE is test than 20, enter "20".

The Highest Number Previously Paid For' IN THIS SPACE is test than 3, enter "2".

The Highest Number Previously Paid For' (Total or independent) is the highest number found in the appropriate box in column 1.

To to process) an application. Confidentiality is governed by 35 U.S.O. 122 and 37 OFR 1.14. This collection is estimated to take 12 minutes to complete, and submitting the completed application from to the USPTO. Time will vary depending upon the Individual case. Any comments a smound of iting you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent Indemnate Office, U.S., Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS RESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1460. ADD1 FEE ADD'L FRE

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